Spotlight on Subacute Care

LTC Learning Series

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

October 7, 2024

Meeting Management

- This session is not being recorded.
- Participants are in listen-only mode but can be unmuted during the Q&A discussion.
  - Please use the "Raise Hand" feature and our team will unmute you.
- Please also use the “chat feature” to submit any questions you have for the presenters.

How to Add Your Organization to Your Zoom Name

- Click on the “Participants” icon at the bottom of the window.
- Hover over your name in the “Participants” list on the right side of the Zoom window.
- Select “Rename.”
- Enter your name and add your organization as you would like it to appear.
  - For example: Mallika Mahalingam, Aurrera Health Group

LTC Stakeholder Landscape Assessment

- DHCS sought feedback from various stakeholders on their experience implementing the 2023 and 2024 CalAIM Long-Term Care Carve-In.
- This assessment included a series of interviews with Medi-Cal managed care plans (MCPs), LTC providers (SNFs, Subacute Care, ICF/DD Homes), Regional Centers, and LTC Ombudsman services.
- Information gathered during the assessment period was used to inform the development of an LTC Learning Series for MCPs and LTC providers.
- This webinar is the first in the Learning Series to provide MCPs with an in-depth review of subacute care services, members, and key policy requirements.

Agenda

Topics	Time
Subacute Care Carve-In Background and Overview	2:35 – 2:40 p.m.
Deep Dive into Subacute Care Services and Members	2:40 – 3:00 p.m.
Q&A	3:00 – 3:10 p.m.
Deep Dive into Subacute Care	3:10 – 3:20 p.m.
Q&A	3:20 – 3:25 p.m.
Key Policy Requirements: Authorizations and Billing	3:25 – 3:45 p.m.
Q&A	3:45 – 3:55 p.m.
Next Steps and Closing	3:55 – 4:00 p.m.

Subacute Care Carve-In Background & Overview

DHCS

Subacute Care Carve-In Overview

- Effective January 1, 2024:
  - Medi-Cal Managed Care Plans (MCPs) in all counties now cover adult and pediatric subacute care services under the institutional LTC services benefit.

Subacute Care Carve-In Goals:

- Standardize subacutecare services coverage under managed care statewide.
- Advance a more consistent, seamless, and integrated system of managed care that reduces complexity and increases flexibility.
- Increase access to comprehensive care coordination, care management, and a broad array of services for Medi-Cal members in subacute care.

Subacute Care Carve-In Update: All Plan Letter (APL) 24-010

- APL 24-010 supersedes APL 23-027 and includes:
  - Updated language from ‘business days’ to ‘working days’ pertaining to implementing payment of the updated per diem rate upon DHCS notification to reduce confusion.
  - New language in the Timely Payment of Claims section.
    - More information covered later in this presentation.
  - New section on Share of Cost (SOC).
    - Provides guidance on SOC processes for plans and providers.

What is Subacute Level of Care?

Subacute patients require more intensive licensed skilled nursing care than is provided to the majority of patients in a skilled nursing facility.

- Subacute patients are medically fragile and require special services, such as inhalation therapy, tracheotomy care, intravenous tube feeding, and complex wound management care.
- **Adult subacute care** is a level of care needed by a patient who does not require hospital acute care but who requires more intensive licensed skilled nursing care than is provided to the majority of patients in a skilled nursing facility. (CCR Title 22 Section 51124.5(a))
- **Pediatric subacute care** is a level of care needed by a person less than 21 years of age who uses a medical technology that compensates for the loss of a vital bodily function. (CCR Title 22 Section 51124.6 (a))

Adult Subacute Care Eligibility

- Eligibility Criteria: To qualify for the subacute program, the patient must need one of the following
  - Tracheostomy care with continuous mechanical ventilation for at least 50 percent of the day
  - Tracheostomy care with suctioning and room air mist or oxygen as needed, and one of the six treatment procedures listed on the next slide
  - Administration of any three of the six treatment procedures listed on the next slide

LTC Provider Manual - Subacute Care Programs: Adult

Adult Subacute Care Treatment Procedures

- Treatment Procedures:
  - Total parenteral nutrition
  - Inpatient physical, occupational, and/or speech therapy, at least two hours per day, five days per week
  - Tube feeding (nasogastric or gastrostomy)
  - Inhalation therapy treatments every shift and a minimum of four times per 24-hour period
  - Intravenous therapy involving:
    - the continuous administration of a therapeutic agent, or
    - the need for hydration, or
    - frequent intermittent intravenous drug administration via a peripheral and/or central line (for example, with Heparin lock)
  - Debridement, packing and medicated irrigation with or without whirlpool treatment

Pediatric Subacute Care Eligibility

- Eligibility Criteria: To qualify for the pediatric subacute program, the patient must be under 21 years of age and need one of the following
  - Tracheostomy care with dependence on mechanical ventilation for a minimum of six hours each day.
  - Tracheostomy care requiring suctioning at least every six hours, room air mist or oxygen as needed, and dependence on one of the five treatment procedures listed on the next slide.
  - Total parenteral nutrition or other intravenous nutritional support and one of the six treatment procedures listed on the next slide.
  - Skilled nursing care in the administration of any three of the six treatment procedures listed on the next slide.
  - Bi-phasic positive airway pressure or continuous positive airway pressure at least six hours a day, including assessment or intervention every three hours and lacking either cognitive or physical ability of the patient to protect his or her airway and dependence on one of the five (a thru e) treatment procedures in the next slide

LTC Provider Manual - Subacute Care Programs: Pediatric

Pediatric Subacute Care Treatment Procedures

- Treatment Procedures:
  - Intermittent suctioning at least every eight hours and room air mist or oxygen as needed
  - Continuous intravenous therapy including administration of therapeutic agents necessary for hydration or of intravenous pharmaceuticals; or intravenous pharmaceutical administration of more than one agent via a peripheral or central line, without continuous infusion
  - Peritoneal dialysis treatments requiring at least four exchanges every 24 hours
  - Tube feeding via nasogastric or gastrostomy tube
  - Other medical technologies required continuously, which in the opinion of the attending physician and the Medi-Cal consultant require the services of a professional nurse
  - Bi-phasic positive airway pressure or continuous positive airway pressure at least six hours a day, including assessment or intervention every three hours and lacking either cognitive or physical ability of the patient to protect his or her airway and dependence on one of the five treatment procedures above

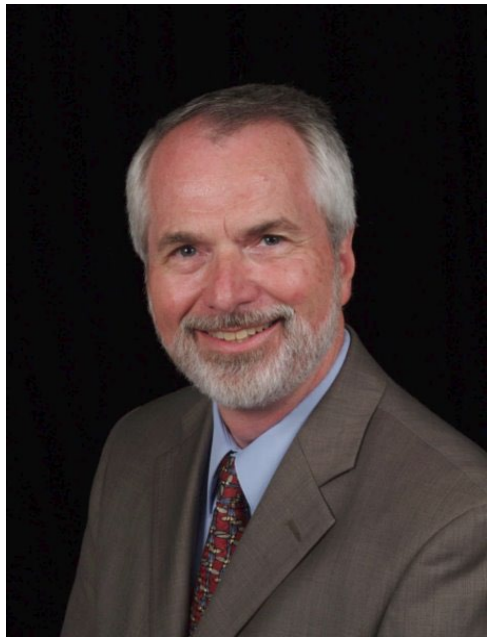
Deep Dive into Subacute Care Services and Members

Introduction to Guest Speakers

DHCS

Guest Speakers: Subacute Care Providers

- **Richard Espinoza** is the Chief Administrative Officer of Post-Acute Services for Alameda Health System. In this role, Richard oversees skilled nursing facilities and subacute care services.
- Alameda Health System is in Alameda County.



- **Doug Padgett** is the President and CEO of Totally Kids, which offers subacute care services for infants, children, adolescents and young adults up to 21 years of age.
- The Totally Kids facility is in San Bernardino County.

Adult Subacute Overview

Richard Espinoza, LNHA, CAO Post-Acute Services
10.07.24
Alameda Health System

Adult Subacute

- Residents requiring sub-acute services have a higher complexity of clinical care needs than skilled nursing facilities provide and require a higher nursing ratio than SNF.
- The care needs are less intensive than in the acute hospital and are often related to a recent critical illness or injury.
- Many sub-acute residents, due to the complexity of illness or injury, are bed bound and receive nursing, rehabilitative, restorative, activities of daily living, activity and social service support needs at the bedside.
- Activity care needs are particularly important as to ensure motivation and can include sensory stimulation and strong family support
- Social Service support is integral to work closely with residents and families. The length of stay can be long in the sub-acute and as a resident's health improves, the next level of care (i.e., SNF, home) will need to be carefully considered and arranged collaboratively.

Subacute Services

- Ventilator care provided and managed by respiratory care therapist, licensed nurses with physician (many times a Pulmonologist) oversight
- Tracheostomy care provided and managed by respiratory care therapist and licensed nurses with physician (many times a Pulmonologist) oversight
- Weaning of ventilator or tracheostomy support
- Specialty extensive wound care
- Rehabilitation services such as Physical, Occupational and Speech therapist
- Nutritional monitoring as many residents require TPN, gastrostomy or jejunostomy care
- IV therapy

Hypothetical Resident

- 27 y/o female, high speed motor vehicle accident found with right frontotemporal epidural hematoma status post craniotomy, skull and orbital fracture (right corneal perforation), rib fracture, pulmonary contusions, now trach and PEG dependent. Patient stay complicated with aspiration pneumonia and recurrent fevers. Patient had anaphylactic type reaction to vancomycin. Fevers determined to be related to TBI.
- Patient unable to speak, not following commands, right eye shield, trach, PEG tube, and gluteal/sacral wound.
- Resident is single, Hispanic and religious affiliation is Catholic, and her responsible party is her sibling.
- Full code status.

01 Trach, PEG, and wound care

02 Orbital specialist needs

03 Fracture management

04 Rehabilitation services – PT, OT, ST

05 Family support

Goals

- Wean from Trach
- Heal wounds
- Work closely with ortho, ophthalmologist, pulmonologist
- Rehabilitation to assist with PT, OT, ST – cognitive support for TBI
- Registered Dietician, ST and clinical support for potential weaning of PEG
- Neuro Rehabilitation
- Support for Residents cognitive, physical, emotional and spiritual
- Support for RP sibling – new onset of responsibility
- Religious support
- Improvement for SNF level or home care

Pediatric Subacute Care

Doug Padgett, BS, NHA
President and CEO
Totally Kids Rehabilitation Hospital

DHCS

Families Have Depended On Totally Kids—Loma Linda For Over 50 Years...

Mountain View Child Care, Inc.
Totally Kids Rehabilitation Hospital
Loma Linda, CA

has been Accredited by

The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

March 31, 2023
Accreditation is customarily valid for up to 36 months.

Jane Englebright, PhD, RN, CENP, FAAN
Chair, Board of Commissioners

ID #159637
Print/Reprint Date: 06/26/2023

Jonathan B. Perlin, MD, PhD, MSHA, MACP, F
President and Chief Executive Officer

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health ca
other services provided in accredited organizations. Information about accredited organizations may be provided dire

Mountain View Child Care, Inc.
Totally Kids Rehabilitation Hospital
Loma Linda, CA

has been Accredited by

The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Nursing Care Center Accreditation Program

March 30, 2023
Accreditation is customarily valid for up to 36 months.

Jane Englebright, PhD, RN, CENP, FAAN
Chair, Board of Commissioners

ID #159637
Print/Reprint Date: 06/26/2023

Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI
President and Chief Executive Officer

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

Mountain View Child Care, Inc.
Totally Kids Rehabilitation Hospital
Loma Linda, CA

has been Accredited by

The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Laboratory Accreditation Program

April 26, 2023
Accreditation is customarily valid for up to 24 months.

Jane Englebright, PhD, RN, CENP, FAAN
Chair, Board of Commissioners

ID #159637
Print/Reprint Date: 06/29/2023

Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI
President and Chief Executive Officer

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of

Totally Kids Rehabilitation Hospital
Distinct Part Skilled Nursing Facility
1720 Mountain View Ave.
Loma Linda, CA 92354

5

The above number is out of 5 stars.

This facility is reviewed annually and has been licensed by the State of California and certified by the federal Centers for Medicare and Medicaid Services (CMS). CMS rates facilities that are certified to accept Medicare or Medicaid. CMS gave the above rating to this facility. A detailed explanation of this rating is maintained at this facility and will be made available upon request. This information can also be accessed online at the Nursing Home Compare Internet Web site at http://www.medicare.gov/NHcompare. Like any information, the Five-Star Quality Rating System has strengths and limits. The criteria upon which the rating is determined may not represent all of the aspects of care that may be important to you. You are encouraged to discuss the rating with facility staff. The Five-Star Quality Rating System was created to help consumers, their families, and caregivers compare nursing homes more easily and help identify areas about which you may want to ask questions. Nursing home ratings are assigned based on ratings given to health inspections, staffing, and quality measures. Some areas are assigned a greater weight than other areas. These ratings are combined to calculate the overall rating posted here.

Pediatric Subacute Care

- **Specially trained staff care for children, newborn to age 21, who have experienced catastrophic illnesses and injuries resulting from:**
  - Congenital Birth Defects
  - Neurologic Injuries
  - Cardiac and Respiratory Illness
  - Seizure Disorders
  - Premature Birth Complications
  - Services include respite, long-term care and rehabilitation programs.
- **Specializes in technologies such as:**
  - Mechanical Ventilation
  - Tracheostomies
  - GT/JT Dependence
  - TPN (Total Parenteral Nutrition)
  - Central Line Care
  - IV (Intravenous) Therapy
  - and more…

Hypothetical Pediatric Subacute Resident

- Patient is a 10 y.o. female with history of stickler's syndrome, developmental delay in all domains, GERD, trach/vent/g-tube dependence who is wheelchair dependent/non-ambulatory. Patient progressed while in the facility and was able to tolerate sprinting with eventual weaning.
- Patient was in need for spine correction due to scoliosis and was able to get surgery with significant wound dressings. The dressings were followed by our wound team with MD consult. The follow up with outside surgery MD was provided on a weekly to monthly duration to ensure adequate wound healing.
- Patient is hearing impaired and wears hearing aids.
- During the time patient was at facility we were able to continue the educational needs of a pediatric patient through the programs that were offered.

Pediatric Subacute Services and Codes – Critical for Proper Processing

- Pediatric Subacute Ventilator Service
  - Revenue Code: **0190**
  - Accommodation Code: **85**
  - Bed Hold Revenue Code: **0185**
  - Accommodation Code: **87**
- Pediatric Subacute Non-Ventilator Service
  - Revenue Code: **0190**
  - Accommodation Code: **86**
  - Bed Hold Revenue Code: **0185**
  - Accommodation Code: **88**
- Pediatric Subacute Supplemental Vent Weaning Service
  - Revenue Code: **0199**
  - Accommodation Code: **84**
- Pediatric Subacute Supplemental Therapy Service
  - Revenue Code: **0199**
  - Accommodation Code: **83**

Panel Discussion with Subacute Care Providers

What are key differences between subacute care and other types of long-term care?

How can MCPs build successful partnerships with subacute care providers? What communication and relationship-building best practices have you seen when working with MCP(s)?

Could you tell us about a challenge you have had around claims and/or billing and how did you work with the MCP to overcome these challenges?

Q&A with Subacute Care Providers

Deep Dive into Subacute Care Contracting and Monitoring

DHCS

Subacute Care Program

- Subacute Care Program services include subacute services provided to both adult and pediatric populations, that are provided by a licensed general acute care hospital with Distinct Part skilled nursing beds, or by a Freestanding Certified Nursing Facility.
- Subacute level of care refers to very intensive, licensed, skilled nursing care provided in Distinct-Part/Nursing Facilities Level B (DP/NF-B) in acute hospitals, or in Free-Standing Nursing Facilities Level B (FS/NF-B) that are contracted with DHCS Subacute Contracting Unit (SCU).
  - Beds designated for subacute care cannot be used for swing beds.
- Subacute services are more intensive than SNF services due to the higher acuity of subacute members.

SNF and Subacute Requirements: Licensing or Credentialing and Monitoring

Subacute

- DHCS contracts with providers who meet subacute standards of participation and continually monitors subacute care under the following authority: Welfare and Institutions Code 14132.25.
- DHCS' Subacute Contracting Unit (SCU) conducts annual onsite visits with more frequent visits to problem facilities or for facility staff and public complaints.
- Onsite visits evaluate staffing levels, physician visit frequency, competencies of staff, ongoing training of staff, activities provided to beneficiaries, and the physical environment of the facility and Medi-Cal Subacute Care Unit, including maintenance of emergency generator

SNF

- CDPH is in charge of the licensing and inspections of SNFs.
- CDPH conducts regular inspections and surveys to assess nursing homes' compliance with regulations. These surveys, known as the Standardized Survey process, evaluate multiple aspects of care, including resident rights, quality of life, nursing services, dietary provisions, infection control, and physical environment.
- CDPH conducts the site visits every 12 to 15 months.

SNF and Subacute Requirements: Nursing Staff

Subacute

- **Pediatric**: minimum of one RN per shift. A minimum daily average of 5.0 actual unduplicated licensed nursing (RN and Licensed Vocational Nurse (LVN)) hours per patient day and a 4 actual CNA hours per patient day.
  - In addition, pediatric subacute care units must have 3.0 respiratory care practitioner hours for ventilator dependent patients and 2.0 RCP hours for non-ventilator dependent patients.
- **Adult**: Subacute units in Free-Standing SNFs must provide a minimum daily average of 3.8 actual hours of licensed nursing (RN and LVN) and 2.0 actual CNA hours per patient day. Units in Distinct-Part SNFs must provide a minimum daily average of 4.0 actual hours of licensed nursing and 2.0 actual CNA hours per patient day.

SNF

- Requirement of nursing staff to provide a minimum of 3.5 direct care service hours per day (combination of Registered Nurses (RNs) and Certified Nursing Assistant (CNA)) and a minimum of 2.4 CNA hours per patient day.

SNF and Subacute Requirements: Physician Oversight

Subacute

- Physician visits are required within 24 hours (pediatric) or 48 hours (adult) of admission and at least twice weekly during the first month and a minimum of at least once every week thereafter.

SNF

- Each patient admitted to the skilled nursing facility shall be under the continuing supervision of a physician who evaluates the patient within 72 hours of admission then as needed and at least every 30 days unless there is an alternate schedule, and who documents the visits in the patient health record.

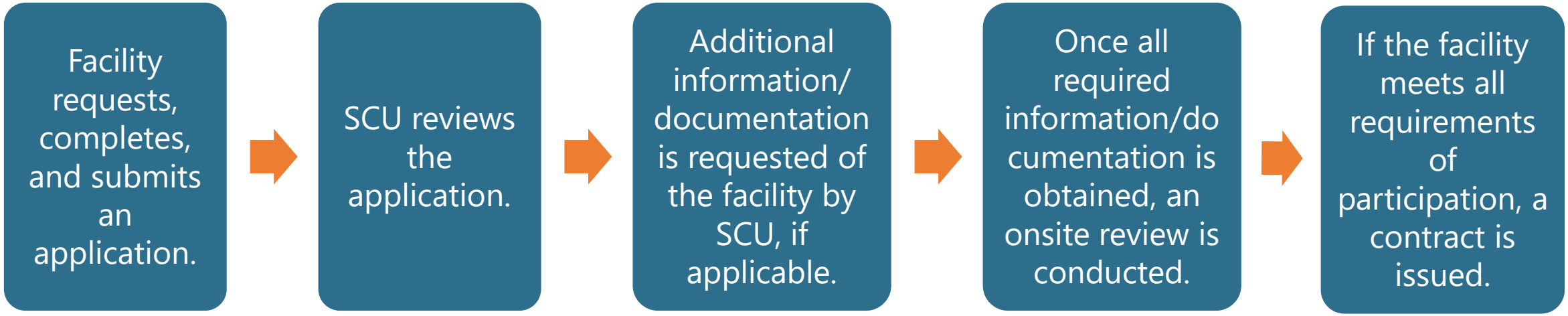
DHCS' Subacute Contracting Unit

- Ensure facilities are properly licensed and vetted for the provision of life support (subacute care) prior to issuing Provider Participation Agreements (Contracts).
- Process applications and issue Contracts for the provision of subacute care in free standing (FS) skilled nursing facilities and distinct part (DP) units of hospitals.
- Conduct annual on-site facility visits to monitor compliance to Medi-Cal subacute regulations.
- Provide assistance to both contracted and potential providers regarding the Subacute Care Program.
- Investigate complaints regarding Medi-Cal subacute care units.

Medi-Cal Subacute Care Program Criteria for Participation

- Generator and electrical wiring meeting life support codes.
- Resident rooms that meet federal room size requirements.
- Medicare and Medi-Cal Certification.
- Licensed DP or FS SNF beds.
- History of providing adequate care to SNF residents.
- Enough staff who meet competency requirements to provide subacute care at regulated levels.

Medi-Cal Subacute Care Program Application Process



- SCU will work with any facilities who fail to meet requirements of participation until they qualify for or decide not to pursue a contract.

Contracting with DHCS' Subacute Contracting Unit

- DHCS' Subacute Contracting Unit (SCU) is responsible for providing contracts to subacute care facilities and overseeing the Subacute Care Program.
- MCPs should check the Subacute Care Program website to determine if a facility is on the adult, pediatric, or pending application list.
  - MCPs should only place their members requiring subacute care in one of the facilities listed on this website. This applies to MCPs in all counties.
- MCPs are also responsible for ensuring that their delegates or subcontractors who may be approving members for subacute care are also aware that members must be placed in facilities that are contracted by DHCS SCU for subacute care.
  - Subcontractors of MCPs are required to abide by all the MCP regulations for their delegated responsibilities including placing subacute Medi-Cal patients into facilities contracted with the DHCS SCU.

Contracting with DHCS' Subacute Contracting Unit

- MCPs must offer a contract to all Subacute Care Facilities within the MCP's service area that have a contract with DHCS' SCU or actively in the process of applying for a contract with DHCS' SCU.
- MCPs may instruct non-DHCS contracted Subacute Care Facilities that they must contract with DHCS or be actively in the process of applying for a Medi-Cal Subacute Care Facility contract in order to receive payment. MCPs should instruct non-Medi-Cal subacute care contracted providers that they should contact the Subacute Contracting Unit (SCU) at Subacute2@dhcs.ca.gov for an application.
- DHCS SCU is processing applications for new contracts as quickly as possible and as posted a list of facilities that have applied for a contract on the DHCS SCU website to allow plans to continue to reimburse those facilities during the application process.
- MCPs should also ensure members are not placed in facilities that are banned and can check the link here: Ban on Admissions Facility List

Q&A

Subacute Care Carve-In
Key Policy Guidance & Best Practices

DHCS

Authorizations

Authorization Criteria

- MCPs must determine Medical Necessity for adult members consistent with the Medi-Cal Manual of Criteria following the definition in Title 22 Code of California Regulations (CCR) section 51124.5.
- Medical Necessity for pediatric members may be found in Title 22 CCR section 51124.6 with supplemental requirements cited in the Welfare and Institutions Code (W&I) section 14132.25.
- Language on authorization forms and policies and procedures must distinguish subacute care from skilled nursing and other types of long-term care services as well as eligibility criteria and treatment procedures.

Authorization Timelines

- Authorization Requests are required for each admission to a subacute unit caring for adult or pediatric patients and may be granted for a period of up to six months and reauthorized for a period of up to six months. (CCR Title 22 § 51335.5)
- MCPs must provide its authorization decision as expeditiously as the member's health condition requires but no longer than 72 hours after the MCP's receipt of the request for services.

Pediatric Authorization

- Supplemental rehabilitation therapy services and ventilator weaning services may be separately authorized and reimbursed for eligible pediatric subacute care patients.
  - A separate authorization is required for these services.
  - Authorization may be approved for a maximum of three months.
  - Subsequent reauthorizations may be approved for up to three months.

Authorizations: Leave of Absence and Bed Holds

- MCPs must authorize up to **73 days per calendar year** for a Leave of Absence.
- For a Bed Hold, MCPs must authorize up to **7 days per hospitalization.**
  - MCPs must ensure that members have the right to return to the facility and to the same bed, if available, or at a minimum to the next available room in the facility, regardless of the duration of the hospitalization, per federal regulations.
- While MCPs may require prior authorization for Leave of Absences or Bed Holds, MCPs must work closely with subacute providers to ensure appropriate documentation is provided and that these policies are clear to providers.
  - The MCP and provider should communicate often about how to timely and accurately request authorizations or documentation needed for reimbursement when a prior authorization is not needed.
  - The MCP must also ensure that internal plan staff including provider relations staff and claims and billing staff have specific knowledge regarding the leave of absence and bed hold LTC-specific benefit.

Authorizations: Best Practices

- Most members requiring subacute care services need the facility care long-term. Extensions for authorization timelines should consider this, and authorizations should not require more copies of the Minimum Data Set (MDS).
  - While medical documentation may be needed for evaluators to review and authorize initial services, the MDS should not be needed for adult or pediatric re-authorizations.
- MCPs should communicate requests for supporting documentation in a timely manner and facilitate communication with the facility regarding a change in the member's status.
- MCPs should make the authorization request process and timeframes easily understandable and readily available for providers.

Authorizations: Best Practices

- DHCS encourages MCPs to use the DHCS 6200 and 6200A forms or include similar elements to these forms in MCP authorization processes to ensure authorization processes are seamless for providers.
  - MCPs must properly identify subacute patients on authorization forms and should consider adding the medical criteria for subacute care on authorization forms.
  - Requesting additional information beyond what is required in the 6200 and 6200A forms may be burdensome for providers.
- MCPs should also have escalation processes in place for providers and/or members to escalate concerns when there are delays in authorizations, including providing the LTSS Liaison contacts.
- MCPs should consider creating and sharing retroactive authorization policies that allow providers more time to submit authorization requests.
- Ensure staff at facilities have clear understandings of timing and processes to request reauthorization for a resident whose existing authorization is nearing the end date.

DHCS 6200A – Adult

STATE OF CALIFORNIA–HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF HEALTH CARE SERVICES

DEPARTMENT OF HEALTH CARE SERVICES
1501 Capitol Ave
P. O. BOX 997419
SACRAMENTO, CA 95899-7419
(916) 552-9110

INFORMATION FOR AUTHORIZATION/REAUTHORIZATION OF SUBACUTE CARE SERVICES—*ADULT SUBACUTE PROGRAM*

To expedite your request for authorization/reauthorization of SUBACUTE CARE SERVICES, it is **essential** that you complete the information below. Information may be in a narrative form or **readable** copies of records.

1. Name of beneficiary		2. Birthdate	3. Age
4. Diagnosis			
5. Medi-Cal number	6. Current level of care	Date of admission	
7. Name of current provider of above level of care			
Address (number, street)	City	State	ZIP Code
8. Family name		Telephone ( )	
Address (number, street)	City	State	ZIP Code

YES NO

Form continues on next slides

9. Criteria to be met to qualify for SUBACUTE CARE SERVICES:

a. Patient's condition warrants 24-hour access to nursing care by a registered nurse; **and**, please summarize care requirements each shift: _____ ❒ ❒

b. **One** of the following (1), (2), (3):

(1) Patient has a tracheostomy and requires mechanical ventilation at least 50 percent of the day. ❒ ❒

(2) Patient has a tracheostomy and requires suctioning and room air mist or oxygen **and** one of the treatment procedures listed below (check all that apply). ❒ ❒

- ❒ (a) Total Parenteral Nutrition (TPN)
- ❒ (b) Inpatient physical, occupational, and/or speech therapy at least two hours per day, five days per week.
- ❒ (c) Tube feeding (nasogastric or gastrostomy). State frequency/rate: _____
- ❒ (d) Inhalation/respiratory therapy treatments at least 4 times per 24-hour period (not self administered by resident).
- ❒ (e) Continuous or intermittent intravenous (IV) therapy (via peripheral or central line).
  Why is the patient receiving IV therapy? (Include fluid rate and frequency.) _____
- ❒ (f) Wound debridement, packing, and medicated irrigation with/without whirlpool therapy.
  Please explain: _____

(3) Administration of any three of the treatment procedures in b (2) (a) through (f) above. Please check all that apply. ❒ ❒

c. What is the beneficiary's potential for discharge from the subacute care unit to a lower level of care (skilled nursing facility or home)? Please attach a copy of the notes from the most recent discharge planning conference.

_____

d. For **reauthorization** of subacute care services, please provide (a) a detailed summary of acute care hospitalizations for this beneficiary during the previous authorization period; **and** (b) a copy of weekly medical doctor progress notes covering the month prior to TAR submission.

e. Additional comments by the provider (if desired) to support *medical necessity* for the provision of subacute care services (continue on reverse side if necessary/attach appropriate documentation):

_____

_____

10. Authorized signature	11. Date

DHCS 6200 – Pediatric

9. Criteria to be met to qualify for PEDIATRIC SUBACUTE CARE SERVICES:

a. Patient's condition warrants 24-hour access to nursing care by a registered nurse and is under 21 years of age; and ❒ ❒

b. One of the following (1), (2), (3), (4), or (5):

(1) Patient has a tracheostomy and requires mechanical ventilation at least six hours per day. ..... ❒ ❒

(2) Patient has a tracheostomy and requires suctioning at least every six hours and room air mist or oxygen; **and** ❒ ❒ one of the treatment procedures listed below (check all that apply).

❒ (a) Continuous or intermittent intravenous (IV) therapy (via peripheral or central line).

Why is the patient receiving IV therapy? (Include fluid rate and frequency.) _____

_____

❒ (b) Peritoneal dialysis treatments requiring at least 4 exchanges every 24 hours.

❒ (c) Tube feeding (nasogastric or gastrostomy). State frequency/rate: _____

❒ (d) Other daily medical technologies required continuously which, in the opinion of the attending physician and the Medi-Cal consultant, require the services of a professional nurse.

Please summarize care requirements each shift: _____

_____

❒ (e) Dependence on biphasic positive airway pressure at least six hours a day, including assessment or intervention every three hours, where the patient lacks either the cognitive or physical ability to protect their airway.

(3) Dependence on total parenteral nutrition (TPN) or other intravenous nutritional support; **and** one of the ❒ ❒ treatment procedures listed above in (2) (a) through (e); including (f) below (check all that apply).

❒ (f) Intermittent suctioning (nontracheostomy) at least every eight hours, **and** room air mist or oxygen.

(4) Dependence on skilled nursing care in the administration of any three of the treatment procedures in a (2) (a) through (e), including (3) (f) listed above. Please check all that apply. ❒ ❒

(5) Dependence on biphasic positive airway pressure or continuous positive airway pressure at least six hours a day, ❒ ❒ including assessment or intervention every three hours and lacking either cognitive or physical ability of the patient to protect his or her airway and dependence on one of the five treatment procedures specified in a (2) (a) through (e), including (3) (f) above.

b. What is the beneficiary's potential for discharge from the subacute care unit to a lower level of care (skilled nursing facility or home)? Please attach a copy of the notes from the most recent discharge planning conference.

_____

c. For **reauthorization** of subacute care services, please provide (a) a detailed summary of acute care hospitalizations for this beneficiary during the previous authorization period; **and** (b) a copy of weekly medical doctor progress notes covering the month prior to TAR submission.

d. Additional comments by the provider (if desired) to support *medical necessity* for the provision of subacute care services (continue on reverse side if necessary/attach appropriate documentation):

_____

INFORMATION FOR AUTHORIZATION/REAUTHORIZATION OF SUBACUTE CARE SERVICES

Effective immediately, providers of subacute care services will submit the attached form (adult or pediatric as per contract) with the Treatment Authorization Request (TAR) to the local Medi-Cal field office when requesting authorization of subacute care services. Unless requested to do so, the provider is requested not to submit any additional documentation with the TAR. If the local Medi-Cal field office requires additional information, the provider will be contacted. Please note that although the Department is not requesting a copy of the Minimum Data Set (MDS) with the TAR, federal regulations require that the provider continue to complete the MDS and place in the resident's charts. To facilitate the completion of this form, please refer to the following:

1. **Name of beneficiary:** Last name, first name, middle name or initial.

2. **DOB:** Please provide complete date, including month, day, and year.

3. **Age:** For residents under 21, please include years and months.

4. **Diagnosis:** Please provide primary medical diagnosis and any applicable secondary diagnosis.

5. **Medi-Cal Identification Number:** Please provide Medi-Cal Identification Number

Please note: All of the above (1-5) should be the same as on the face of the TAR.

6. **Current level of care:** State at what level of care the resident is currently residing (home, acute, skilled nursing facility, subacute); include the **date of admission** to the present level of care.

7. **Name and location of current provider of above level of care:** Refer to number 6 above.

8. **Family name, address, and telephone number:** Please provide information of family members that can be notified if needed.

9. **Criteria to be met to qualify for SUBACUTE CARE SERVICES:** per Title 22, Sections 51124.5, 51124.6, 51215.5, 51215.6, 51215.8, 51511.5, and 51511.6.

a–b. (4): Answer YES or NO as appropriate and supply requested information. Please be complete but brief.

c. **Potential for discharge:** Briefly state the resident's eventual ability to be discharged. If this is the initial admission to the subacute facility, an educated guess may be all that is possible until further assessment is completed. Please state that. Please attach a copy of the notes from the most recent discharge planning conference regardless of resident's current level of care (may be none if resident is coming from home).

d. **Reauthorizations:** Complete this only if this is a ***reauthorization*** for subacute services at the same facility. The summary of acute hospitalizations covers any time the resident was transferred to an acute facility for *any* length of time for *any* reason (elective admissions included).

e. **Additional comments:** This is an option for the provider. If it is felt that the resident's condition may be borderline in meeting subacute criteria, please provide additional supporting documentation that may assist the field office in authorizing the services requested.

10. **Authorized signature:** Anyone who is authorized to sign for the facility may sign here. The Department recommends that the form be completed by and signed by the resident's physician or case manager if possible.

11. **Date:** All authorization forms must be dated at the time of the signature.

Billing and Payment

Facility Payment

Under the Directed Payment Policy for Facility Payments, MCPs must reimburse a Network Provider furnishing adult or pediatric subacute care services to a Member, and each Network Provider must accept the payment amount the Network Provider would be paid for those services in the FFS delivery system.

» MCPs in counties where extended coverage of adult or pediatric subacute care services ***newly transitioned*** from Medi-Cal FFS to Medi-Cal managed care on January 1, 2024, must reimburse Network Providers of adult or pediatric subacute care services for those services at **exactly** the applicable Medi-Cal FFS per diem rates.

» MCPs in counties where adult or pediatric subacute care services were ***already*** Medi-Cal managed care Covered Services must reimburse Network Providers of adult or pediatric subacute care services for those services at **no less than the Medi-Cal FFS per-diem rates** applicable to that particular type of institutional LTC provider.

Facility Payment

- The reimbursement requirement applies to adult or pediatric subacute care services starting on the first day of a Member's stay.
- Medi-Cal FFS per diem rates for adult subacute care services are all-inclusive rates differentiated between ventilator and non-ventilator accommodation codes.
- Medi-Cal FFS per diem rates for pediatric subacute care services are all-inclusive rates differentiated between ventilator, non-ventilator, ventilator weaning, and rehab therapy accommodation codes.

Payment Processes Including Timely Payment of Claims

MCPs are required to pay timely, in accordance with the prompt payment standards within their MCP Contract and APL 23-020 Requirements for Timely Payment of Claims, or any superseding APL.

- DHCS expects MCPs to pay clean claims within 30 calendar days of receipt.
- MCPs are highly encouraged to remit claims and invoices in the same frequency in which they are received.
- MCPs must ensure that providers of subacute care services receive reimbursement in accordance with these requirements for all qualifying services regardless of any subcontractor arrangements.

Payment Policy Updates: APL 24-010

- Medi-Cal FFS per diem rates may be updated by DHCS from time to time for specified dates of service.
- The Medi-Cal FFS per diem rate published for the latest dates of service remains effective for subsequent dates of services, until such time that an updated per diem rate is published for subsequent dates of service.
  - MCPs must implement payment of the updated per diem rate on a prospective basis for all claims with applicable dates of service, received on or after **30 Working Days** of being notified that the updated rates are published.

Payment Policy Updates: APL 24-010

- If additional amounts are owed retroactively in accordance with the APL to a Network Provider of adult or pediatric subacute care services on any claims for applicable dates of service that were processed prior to the MCP implementing the updated per diem rates on a prospective basis, then MCPs must pay any necessary retroactive adjustments **within 45 Working Days** after being notified by DHCS that the updated rates are published.
- MCPs must retroactively reprocess claims for specified dates of service to effectuate the updated rate automatically, without requiring manual reprocessing or resubmission by the Network Provider by the Network Provider.

Other Payment Requirements

- The state-directed payment requirements apply only to payments made directly for adult or pediatric subacute care services rendered, and do not apply to other types of payments, including but not limited to, provider incentive and pay-for-performance payments.
- The state-directed payment requirements do not apply to any other services provided to a Member receiving adult or pediatric subacute care services such as, but not limited to, subacute services provided by an Out-of-Network Provider or non-subacute care services.
  - These non-qualifying services are payable by MCPs in accordance with negotiations between the MCP and provider.
- MCPs and providers can negotiate ancillary services outside the per diem rate.

Pediatric Supplemental Rehab Therapy & Ventilator Weaning Services

- Supplemental rehabilitation therapy revenue codes are defined in the Provider Manual on Subacute Care Programs: Pediatric.
  - Reimbursement for these services is in addition to the per diem rate for pediatric subacute level of care services.

Rehabilitation Therapy Billing Codes

‹‹Pediatric subacute providers must bill supplemental rehabilitation therapy services with the following revenue code, value code and value code amount combinations:››

Rehabilitation Therapy Billing Codes Table

Supplemental Rehabilitation Therapy	‹‹Value Code Amount››	‹‹Revenue Code››	‹‹Value Code››
DP/NF-B	83	‹‹0199››	‹‹24››
FS/NF-B	97	‹‹0199››	‹‹24››

Pediatric Supplemental Rehab Therapy & Ventilator Weaning Services (cont'd)

- Reimbursement for ventilator weaning services covers respiratory care practitioner and nursing time and is separate from the pediatric subacute per diem rate

Ventilator Weaning Services Billing Codes

‹‹Pediatric subacute providers must bill ventilator weaning services with the following revenue code, value code and value code amount combinations:››

Ventilator Weaning Services Billing Codes Table

Ventilator Weaning Services	‹‹Value Code Amount››	‹‹Revenue Code››	‹‹Value Code››
DP/NF-B	84	‹‹0199››	‹‹24››
FS/NF-B	98	‹‹0199››	‹‹24››

Freestanding Pediatric Subacute (FS/PSA)

2024 Rates - Updated in Accordance with the LTC Claim Form and Code Conversion Data Elements

Effective 2/1/2024 through 12/31/2024

Service Type	Value Code	Value Code Amount	Revenue Code	Per Diem
Rehab Therapy	24	97	0199	$90.30
Vent Weaning	24	98	0199	$84.20
Ventilator	24	91	0190	$1,316.13
Non-Ventilator	24	92	0190	$1,198.56

Bed Hold/Leave of Absence Rates - Effective 2/1/2024 through 12/31/2024

Service Type	Value Code	Value Code Amount	Revenue Code	Bed Hold / Leave of Absence Per Diem
Ventilator	24	93	0185	$1,306.61
Non-Ventilator	24	94	0185	$1,189.04
Ventilator	24	95	0180	$1,306.61
Non-Ventilator	24	96	0180	$1,189.04

2024 Rates - Local Accommodation Codes

Effective 1/1/2024 through 1/31/2024

Service Type	Accommodation Code	Per Diem	Bed Hold / Leave of Absence Accommodation Code	Bed Hold / Leave of Absence Per Diem
Rehab Therapy	97	$90.30	n/a	n/a
Vent Weaning	98	$84.20	n/a	n/a
Ventilator	91	$1,316.13	93/95	$1,306.61
Non-Ventilator	92	$1,198.56	94/96	$1,189.04

Distinct Part Pediatric Subacute (DP/PSA)

2024 Rates - Updated in Accordance with the LTC Claim Form and Code Conversion Data Elements

Effective 2/1/2024 through 12/31/2024

Service Type	Value Code	Value Code Amount	Revenue Code	Per Diem
Rehab Therapy	24	83	0199	$85.64
Vent Weaning	24	84	0199	$79.84
Ventilator	24	85	0190	$1,375.00
Non-Ventilator	24	86	0190	$1,259.58

Bed Hold/Leave of Absence Rates - Effective 2/1/2024 through 12/31/2024

Service Type	Value Code	Value Code Amount	Revenue Code	Bed Hold/Leave of Absense Per Diem
Ventilator	24	87	0185	$1,365.48
Non-Ventilator	24	88	0185	$1,250.06
Ventilator	24	89	0180	$1,365.48
Non-Ventilator	24	90	0180	$1,250.06

2024 Rates - Local Accommodation Codes

Effective 1/1/2024 through 1/31/2024

Service Type	Accommodation Code	Per Diem	Bed Hold / Leave of Absence Accommodation Code	Bed Hold / Leave of Absence Per Diem
Rehab Therapy	83	$85.64	n/a	n/a
Vent Weaning	84	$79.84	n/a	n/a
Ventilator	85	$1,375.00	87/89	$1,365.48
Non-Ventilator	86	$1,259.58	88/90	$1,250.06

Billing & Payment: Best Practices

- MCPs responses to claims and payment inquiries from providers should be prompt to assist providers and help resolve issues.
  - MCPs can use LTSS liaisons to help escalate provider inquiries around billing and payment.
- MCPs should explain specific reasons why a claim was denied or why there were rejections during the adjudication process.
  - MCPs must automatically provide this information for providers and let providers know how they can access the information (e.g., download or sign up for notifications).

Billing & Payment: Best Practices

- Shorter payment timeframes for clean claims can help support provider operations for subacute care.
  - MCPs should be consistent in reviewing clean claims to support providers and ensure prompt payment processes.
  - Approval per diem payments should not change month to month for long-term care.
- MCPs and providers should work collaboratively to ensure alignment in understanding claims requirements.
- MCPs should offer trainings, office hours, and open-door outreach approaches for subacute care providers.

Q&A

Resources for MCPs

DHCS

Subacute Care Carve-In Resources

- Subacute Care Facility Carve-In Transition: Information on the transition, policy guidance documents including the APL and forthcoming FAQs, as well as webinar information.
  - SNF and Subacute Care Facility Carve-In Resources for Managed Care Plans: The document provides information on contracting requirements, promising practices, and suggested model contract language for the SNF and Subacute Care Facility LTC Carve-In.
- DHCS' Subacute Contracting Unit: DHCS webpage on Subacute Contracting Unit with list of facilities contracted for adult and pediatric subacute services.
- LTC Provider Manual
  - Subacute Care Programs: Adult
  - Subacute Care Programs: Level of Care for Adults and Children
  - Subacute Care Programs: Pediatric

Next Steps

Upcoming Webinars

- LTC Learning Series: LTC Policy Update webinar, scheduled for Monday, November 4th from 3:30-5:00pm.
  - This webinar will help providers, MCPs, and stakeholders better understand the updates to LTC policy in the relevant APLs and provide an overview of other relevant CalAIM policies.
  - Registration information will be posted on the LTC Carve-In webpages soon.
- LTC Learning Series: Managed Care Resources for LTC Providers in December, date TBD.
  - This webinar will provide LTC providers with helpful reminders and tips for navigating various managed care processes.

Thank you!

If you have additional questions that were not addressed during this webinar, please email: LTCtransition@dhcs.ca.gov

DHCS